		M-										•			
Director's Signature:								Time	Log/Progra	am / Area:	2048 Bost	ton Drug Lab			
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Employee Name:								•	Wee	k Ending:	June 12	2, 2010			
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Corbett,Kate	Day: In – Out		-	(155	35	4	2,45	(15U)	20	65	34	1,50	50		63.12
49167000	Lunch: Out – In			17m	130	13,00	12.30	123	130	2:00	12:26	1)200	130		
Employee Signature	Outside Duty: From – To									112000	10.300	10	10	The second second	2.55 - 2.
Document exceptions or comments, indica amount.			H.				·		J						<u> </u>
Desjardins, Stacey	Day: In – Out			8:30	4:30	7:45	3:45	8:10	4:10	8:75	4:25	7:50	12:50		
8100-9745	Lunch: Out – In			1500	12:30	15:M	12:30	12:00	12:30	115.00	12:30		1230		
Employee Signature	Outside Duty: From – To											0			
Document exceptions or comments, indica amount.	ate type and											2.5	SiC	- 49	
Dookhan, Annie	Day: In – Out			675	425	645	H <sub>30</sub>	6:45	B100	10:45	310		4 <sup>20</sup>		
45161000	Lunch: Out – In			1203	1235	200			1230	1200	1230	1200	1230		
Employee Signature	Outside Duty: From – To					30	200			8-12	1100		\~		
Document exceptions or comments, indica	ate type and	15 E		OT	1-51	Federa	•			Bmc				President	
	Day:				1/	OTI	-752	(0)	1.25			OT 1.	.5		
Frasca, Daniela	In – Out			6:45	2:45	7:30	4:30	7:00	1200	6:45	2:45	6:45	5145		
45161000	Lunch: Out - In	35		1:10	1:40	1:05	1:35					12:30			
Employee Signature	Outside Duty: From – To													148633	
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Director's Signature:						-		Time	Log/Progra	am / Area	2049 12	ton Drug Lab			
Employee signatures on this time she	et certify the em	ployee has p	erformed the	work associ	ated with the	account(s) L	isted.	-		ani i Aica.		ton Drug Lab			
						(9)			Wee	k Endina:	June 12	2 2010			
Employee Name:		Sunday (	06/06/10	Monday (	6/07/10	Tuesday 0	6/08/10	Wednesday		Thursday					
	Day:	-300	-	1011	10116	1211	21 10	10115	00,03,10		T	Friday 06/1	1/10	Saturday 0	6/12/10
Glazer,Lisa	In – Out	460		10,45	(Pox (	0,4	12.40	Q045	1	1045	2,4	1/02/1	12:45		
45161000	Lunch: Out – In			13:00	12:30	100	1:30	130,00	12.30	12000	1233	1237	10°31	γ	ing the second
Employee Signature	Outside Duty: From – To					11,00	12.45	112 110()		10 1300	1 .000	ACAILC!	1000		
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Lawler, Michael	Day: In – Out			750	6:20	815	520	800	1045	755	355	745	645	7 ov	530
45161/00/like Lanker	Lunch: Out – In	25 (25) 27 (25) 27 (25)		1250	250	1150	1220			1255	125	10	Mo	199725	7 j 20
Employee Signature	Outside Duty: From – To												7	74	
Document exceptions or comments, indica amount.				OT	./	OT		VAL	1.75			3.0	) OT	10.0	υŢ
Medina, Nicole	Day: In – Out			735	1235	7:40	3:40	7:45	3:45	8.05	3:35	750	3:20		
45161000	Lunch: Out – In					12	1230	12	1230	12	D30		12 320		
Employee Signature	Outside Duty: From – To	12													
Document exceptions or comments, indica amount.	:			2.5	1×1/			. 5		0.5 Vaç	ر ا	0.5 Vac	]	767-52	
O'Brien, Elisbeth	Day: In – Out			740	125	745	JE	145	515	155	155	130	130		
45161000,	Lunch: Out – in			啊-		1130	1200	130	1200						
Employee Signature	Outside Duty: From – To	22.72		9/15	140	VV									
Document exceptions or comments, indica amount.	ate type and				riested					per	05	Per	.5		

Director's Signature:					W	·	1770	Time	Log/Progra	am / Area:	_2048 Bost	ton Drug Lab		-	
Employee signatures on this time she	eet certify the em	ployee has p	erformed the	work associ	ated with the	account(s) I	isted.			k Ending:				7,570	
Employee Name:		Sunday (	06/06/10	Monday (	06/07/10	Tuesday 0	6/08/10	Wednesda		Thursday		Friday 06/1	11/10	Coturds	
Philips, Gloria	Day: In – Out	- 187										Triday 0071		Saturday 0	6/12/10
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Piro, Peter	Day: In – Out	100 (100 kg) 100 (		715	65	705	310			725	130	1715	315	<u> 745</u>	515
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Renczkowski, Daniel	Day: In – Out			645	245	645	245	700	360	1045	245				
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Employee Signature	Outside Duty: From – To	an ex						· ·	, , , , ,		Con				100 mg
Document exceptions or comments, indic amount.	ate type and				£				· ·	300C	<u> </u>	7.5 Ur	54.		The state of
Saunders, Della	Day: In – Out		27	6:45	3,30	645	3:30	6:45	3:30	6.45	O'RA		12 2		
45161000 /S // /	Lunch: Out – In			1:30	7.00	1:30	1350		2100	1:15	3:30	6:45	9,45	645	2:50
Employee Signature	Outside Duty: From – To		929	1	0	BMC	- L	1	1	1.5	1.0			1:30	20,00

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Director's Signature:	· · · · · · · · · · · · · · · · · · ·					Name of the last o		Time	Log/Progra	am / Area:	2048 Bos	ton Drug Lab			
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	<del></del>		-						Wee	k Ending:	June 12	2, 2010			
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Spraque, Shirley	Day: In – Out			905	510	905	5/0	900	500	910	575	910	510	- Catalou, O	31210
45161000 /	Lunch: Out – In			10	130	100	130	100	130	<i>i</i> ~	130	100	130	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	arter - co
Employee Signature	Outside Duty: From – To	The second secon				700				700	750		750	100	4.07
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Tan, Zhi	Day: In – Out			6:45	6:15	6:4	6:45	6:4	6:00	6:45	Cyt	6:44	6:15	(x45-	44
45161000	Lunch: Out – In			12.00	13.30	12:00	12:30	12:00	12:30	12:1	12:30	18:W			(2:30
Employee Signature	Outside Duty: From – To											1×2-10	74 70	W.M	12.70
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Tran, Mai	Day: In – Out		19 / 20 E	830	11			815	915	815	330		1		<i>V</i>
45161000	Lunch: /Out – In		To 42 15							1130	12				
Employee Signature	Outside Duty: From – To							-		41	12	<del> </del>			
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	Day: In – Out													100	
45161000	Lunch: Out – In	j.												42	70 mg
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Director's Signature:

## William A. Hinton State Laboratory Institute

## OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Em	plovee: /-/	sted Below	W	Employee	#: <u>Listed Belo</u> n
Department:		. / /	/	Employee	T. 101-01 1001-10
Department:	- Drugg	<u>acoeurus</u>	<u> </u>		•
Date(s) of ov	vertime work	: 6/12/10			
# of hours re	quested: <u>Li</u> S	tal Below			
Why work ca	annot be com	pleted during re	gular hours: _	Significant,	Backley of Saysk
				0	
<del></del>					-
	<u> </u>	***************************************			
Overtime is to	o be:paid	d at OT rate	added to co	omp time balanc	e
,	(if 0	Trate, complete below)			
OT Account:	8100-9	745			
			una.	•	
Approval:	etico distribi el se care paraticipar de se care	kangement termeyer sama ya 15 y 1, kemberatrom esmas	ak entrestatus kalentur erre errom er erekannen hannen. Hen errom	alisaan ee alista kiisaalind oo kaasaa kaasaa sakkii sa daabad ahkiilaa saka d	era estre a como a martina esta esta esta esta esta esta esta est
-	1 X	10		,	2//
Supervisor:_	( ta	Kern _		Date	: 6/10/10
Department l	Head:	Tutal (	Jano 6	Date	:6/10/10
Daniel					
Denial reason	1:	The Market			
Service and the service of the servi	idasista (Chillian duri adalah dagan kananur	то шихиот петопетан то приказивани	el el alta la como de la como dela como de la como de l	oosaa toronimintiistiin agaagamana mat sakkiiniin ka	desimmenter i sonici cerespontarina contententi (c. 1903).
Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
eter Piro.	138424	10.0hes			
ella Saundees	147387	7.5 MCS			
	148724	9.5 hes 10.0hes			
ichael Lawlere	120459	10.0hes			
1.					